

**STATE OF WEST VIRGINIA  
OFFICES OF THE WEST VIRGINIA INSURANCE COMMISSIONER**

Mailing address:  
P. O. Box 50540  
Charleston, WV 25305-0540

Location:  
1124 Smith Street  
Charleston, WV 25301

**REQUIREMENTS FOR SURPLUS LINES INSURERS**

In order to become eligible to write Surplus Lines business in West Virginia, a company must comply with the following general requirements. Requirements differ for foreign and alien insurers.

FOREIGN OR ALIEN INSURERS must appear on the Commissioner's most recent list of eligible surplus lines insurers before writing business in the state of West Virginia.

**FOREIGN INSURERS**

1. Submit a current certificate from the Commissioner of Insurance in the insurer's state of domicile showing the insurer is authorized to transact the kinds of insurance proposed to be transacted in the State of West Virginia.
2. Maintain capital and surplus or its equivalent under the laws of its state of domicile of no less than fifteen million dollars (\$15,000,000.00).
3. File an Affidavit of Filing and Financial Attestation. Available at [www.wvinsurance.gov](http://www.wvinsurance.gov).
4. Submit a description of the products the insurer plans to sell in West Virginia and provide a detailed description of the insurers proposed market plan.
5. Remit a check made payable to the West Virginia Insurance Commissioner in the amount of one hundred dollars (\$100.00) for filing of the Annual Statement. (W. Va. Code §§ 33-12C-5(c)(4) & 33-3-13)

NOTE: All surplus lines business **MUST** be written through a West Virginia Office of the Insurance Commissioner licensed Surplus Lines Licensee. (See W. Va. Code Section 33-12C-4(f)). Any resident or nonresident property/casualty producer licensed for three(3) years may apply for a Surplus Lines Producer License. Contact Agent Licensing Division to obtain the application form.

**ALIEN INSURERS**

1. Insurer's name must appear on the NAIC's most recent quarterly listing of alien insurers.
2. Submit a current certificate from the Insurance Regulatory Authority in the insurer's jurisdiction of domicile showing the insurer is authorized to transact the kinds of insurance proposed to be transacted in the State of West Virginia.
3. File Form SL-Alien Aff. - Alien Surplus Lines Insurer Affidavit of Filing and Financial Attestation. Available at [www.wvinsurance.gov](http://www.wvinsurance.gov).
4. Submit a description of the products the insurer plans to sell in West Virginia and provide a detailed description of the insurers proposed market plan.
5. Remit a check made payable to the West Virginia Insurance Commissioner in the amount of one hundred dollars (\$100.00) for filing of the Annual Statement. (W. Va. Code §§ 33-12C-5(c)(4) & 33-3-13)

NOTE: All surplus lines business **MUST** be written through a West Virginia Office of the Insurance Commissioner licensed Surplus Lines Licensee. (See W. Va. Code Section 33-12C-4(f)). Any resident or nonresident property/casualty producer licensed for three(3) years may apply for a Surplus Lines Producer License. Contact Agent Licensing Division to obtain the application form.

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FOREIGN INSURER SURPLUS LINES ELIGIBILITY APPLICATION

APPLICANT'S COMPANY NAME \_\_\_\_\_ NAIC NO. \_\_\_\_\_

HOME OFFICE ADDRESS \_\_\_\_\_  
(Street or PO Box)

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
(Street or PO Box)

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Name and Phone Number of Contact Person \_\_\_\_\_

DATE INCORPORATED \_\_\_\_\_ STATE OF DOMICILE \_\_\_\_\_

ARE YOU A SUBSIDIARY? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, list ultimate parent company. \_\_\_\_\_

ARE YOU A PARENT COMPANY? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, list insurance subsidiaries: (Attach separate sheet, if necessary.) \_\_\_\_\_

HAS ANY ADMINISTRATIVE ACTION EVER BEEN TAKEN AGAINST YOU IN ANY OTHER STATE?  
If yes, please explain. (Attach separate sheet, if necessary.) \_\_\_\_\_

Herewith submitted are the following documents;

- ( ) Certificate of Authority, Domiciliary State
- ( ) Affidavit of Filing and Financial Attestation
- ( ) Descriptions of products to be sold in West Virginia and detailed description of proposed market plan
- ( ) Financial Statement Filing Fee: \$100.00

DATED \_\_\_\_\_ (Name & Title of Officer)

\_\_\_\_\_  
(Signature of Officer)

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ALIEN INSURER SURPLUS LINES ELIGIBILITY APPLICATION

APPLICANT'S COMPANY NAME \_\_\_\_\_ NAIC NO. \_\_\_\_\_

HOME OFFICE ADDRESS \_\_\_\_\_  
(Street or PO Box)

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
(Street or PO Box)

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

U.S. COUNSEL – Name/Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Phone Number of Contact Person \_\_\_\_\_

DATE INCORPORATED \_\_\_\_\_ COUNTRY OF DOMICILE \_\_\_\_\_

ARE YOU A SUBSIDIARY? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, list ultimate parent company. \_\_\_\_\_

ARE YOU A PARENT COMPANY? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, list insurance subsidiaries: (Attach separate sheet, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAS ANY ADMINISTRATIVE ACTION EVER BEEN TAKEN AGAINST YOU IN ANY OTHER STATE?

If yes, please explain. (Attach separate sheet, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_

IS THE APPLICANT COMPANY LISTED ON THE NAIC QUARTERLY LISTING OF ALIEN INSURERS? YES ☐ NO ☐

Herewith submitted are the following documents;

- ( ) Certificate of Authority, Domiciliary Jurisdiction
- ( ) Form SL- Alien Aff. - Alien Surplus Lines Insurer Affidavit of Filing and Financial Attestation
- ( ) Descriptions of products to be sold in West Virginia and detailed description of proposed market plan
- ( ) Financial Statement Filing Fee: \$100.00

DATED \_\_\_\_\_

\_\_\_\_\_  
(Name & Title of Officer)

\_\_\_\_\_  
(Signature of Officer)